

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214531893		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Manufacturers Alliance Foundation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2014</p> <p>SCC ID NO: F1180860</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1600 WILSON BLVD STE 1100</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ARLINGTON, VA 22209</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEPHEN V. GOLD TITLE: PRESIDENT ADDRESS: 1600 WILSON BLVD STE 1100 CITY/ST/ZIP/CO: ARLINGTON, VA 22209 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEPHEN V. GOLD TITLE: PRESIDENT ADDRESS: 1600 WILSON BLVD STE 1100 CITY/ST/ZIP/CO: ARLINGTON, VA 22209	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD D. LANE DIRECTOR 1600 WILSON BLVD STE 1100 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT A. LIVINGSTON DIRECTOR 1600 WILSON BLVD STE 1100 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HELMUTH LUDWIG DIRECTOR 1600 WILSON BLVD STE 1100 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENISE L. RAMOS DIRECTOR 1600 WILSON BLVD STE 1100 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD J. TESKE DIRECTOR 1600 WILSON BLVD STE 1100 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Hipple DIRECTOR 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Hilton DIRECTOR 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Daniel Meckstroth VICE PRESIDENT 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Roger Harrison TREASURER 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RAEANN S. JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		RAEANN S. JOHNSON, SECRETARY PRINTED NAME AND CORPORATE TITLE	
		6/20/2014 DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.